

21 OCT 14 AM 11:49

STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LICENSING

Office of Health Care Assurance
State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Yolanda Razon-Collo	CHAPTER 100.1
Address: 4345 Likini Street Honolulu, Hawaii 96818	Inspection Date: July 8, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 21 OCT 14 AM 11:49	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1 – Current physician's order is: Docusate Sodium 100mg 1 cap PO 2x/day PRN constipation. Resident has been receiving daily since March 2021, however, no progress notes documenting constipation.</p>	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p style="text-align: center;">USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p style="font-size: 1.2em;">Medication shall be given only as ordered by physician. Give only when it's needed.</p>	<p style="text-align: right; font-size: 1.2em;">7/9/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> 21 OCT 14 AM 1:49	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs:</p> <p><u>FINDINGS</u> Resident #1 – Current physician's order is: Docusate Sodium 100mg 1 cap PO 2x/day PRN constipation. Resident has been receiving daily since March 2021, however, no progress notes documenting constipation.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>I will be giving the medication how it was ordered on the label. And will write on the progress notes what was the result after meds was given. I have assigned a SCG to double check that this is being completed</p>	<p>7/7/21 10/11/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;</p> <p><u>FINDINGS</u> Resident #1 Current physician's order is: Docusate Sodium 100mg 1 cap PO 2x/day PRN constipation. However, there is no documentation of resident's bowel movements.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>for future the result of the medication that was given will write it down on progress notes.</p> <p>I have implemented an activity sheet to keep track of and monitor residents BM's so we know when to administer the docusate as ordered.</p>	<p>7/9/21</p> <p>10/11/21</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
21 OCT 14 AM 11:49	<p>§11-100.1-17 Records and reports. (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered:</p> <p>FINDINGS Resident #11 - Current physician's order is: Docusate Sodium 100mg 1 cap PO 2x/day PRN constipation. However, there is no documentation of resident's bowel movements.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future resident bowel movement or if constipated shall be written in progress notes. If the medication was given the result shall be written in the progress notes as well. I will also implement an activity sheet for residents in this type of circumstances to ensure we are keep track of residents PM when docusate is ordered as a PRN. I have assigned a SCG to double check that this being completed</p>	<p>7/1/21 10/11/21</p>

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STATE OF HAWAII
DCH-0820
STATE LICENSING

Licensee's/Administrator's Signature:

Polanka R. Collo

Print Name:

Polanka R. Collo

Date:

7/22/21